## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE				
APPLICANT(S)					
	SERIAL NO.  APPLICANT(S)				

CLAIMS

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TOTAL		140	<u> </u>		<u> </u>		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS